

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Initial Filing Received  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☐ **Annual:** The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is / / , through December 31, 2017.

☐ **Assuming Office:** Date assumed / /

☐ **Leaving Office:** Date Left / / (Check one)

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☐ The period covered is / / , through the date of leaving office.

☐ **Candidate:** Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page:

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income - Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or-

☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

( )

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed (month, day, year)

Signature (File the originally signed statement with your filing official.)

## Investments

## Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

Name \_\_\_\_\_

▶ NAME OF BUSINESS ENTITY	▶ NAME OF BUSINESS ENTITY
<p>GENERAL DESCRIPTION OF THIS BUSINESS</p> <hr/> <p>FAIR MARKET VALUE</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> \$2,000 - \$10,000  <input type="checkbox"/> \$100,001 - \$1,000,000 </div> <div> <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> Over \$1,000,000 </div> </div> <p>NATURE OF INVESTMENT</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Stock  <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="radio"/> Income Received of \$0 - \$499  <input type="radio"/> Income Received of \$500 or More <i>(Report on Schedule C)</i> </div> </div> <p>IF APPLICABLE, LIST DATE:</p> <div style="display: flex; justify-content: space-around;"> <div>____/____/17 ACQUIRED</div> <div>____/____/17 DISPOSED</div> </div>	<p>GENERAL DESCRIPTION OF THIS BUSINESS</p> <hr/> <p>FAIR MARKET VALUE</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> \$2,000 - \$10,000  <input type="checkbox"/> \$100,001 - \$1,000,000 </div> <div> <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> Over \$1,000,000 </div> </div> <p>NATURE OF INVESTMENT</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Stock  <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Other _____  <small>(Describe)</small>  <input type="radio"/> Income Received of \$0 - \$499  <input type="radio"/> Income Received of \$500 or More <i>(Report on Schedule C)</i> </div> </div> <p>IF APPLICABLE, LIST DATE:</p> <div style="display: flex; justify-content: space-around;"> <div>____/____/17 ACQUIRED</div> <div>____/____/17 DISPOSED</div> </div>
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**Comments:**

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name _____

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one

☐ Trust, go to 2      ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/17      \_\_\_\_/\_\_\_\_\_/17  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

☐ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

Check one

☐ Trust, go to 2      ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

FAIR MARKET VALUE

- ☐ \$0 - \$1,999  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/17      \_\_\_\_/\_\_\_\_\_/17  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

☐ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None    or    ☐ Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT      ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/17      \_\_\_\_/\_\_\_\_\_/17  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_    ☐ Other \_\_\_\_\_  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

☐ None    or    ☐ Names listed below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT      ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_\_/\_\_\_\_\_/17      \_\_\_\_/\_\_\_\_\_/17  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_    ☐ Other \_\_\_\_\_  
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_



# CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ 1. INCOME RECEIVED		▶ 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME  _____		NAME OF SOURCE OF INCOME  _____	
ADDRESS ( <i>Business Address Acceptable</i> )  _____		ADDRESS ( <i>Business Address Acceptable</i> )  _____	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  _____		BUSINESS ACTIVITY, IF ANY, OF SOURCE  _____	
YOUR BUSINESS POSITION  _____		YOUR BUSINESS POSITION  _____	
GROSS INCOME RECEIVED	<input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED	<input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED		CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)		<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)	
<input type="checkbox"/> Loan repayment		<input type="checkbox"/> Loan repayment	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more		<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
_____ (Describe)		_____ (Describe)	
<input type="checkbox"/> Other _____ (Describe)		<input type="checkbox"/> Other _____ (Describe)	

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
_____	<input type="checkbox"/> Real Property _____	
		Street address
HIGHEST BALANCE DURING REPORTING PERIOD		
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
		(Describe)

**Comments:** \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____
---

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym) \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description \_\_\_\_\_

► If Gift, Provide Travel Destination \_\_\_\_\_

► NAME OF SOURCE (Not an Acronym) \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description \_\_\_\_\_

► If Gift, Provide Travel Destination \_\_\_\_\_

► NAME OF SOURCE (Not an Acronym) \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description \_\_\_\_\_

► If Gift, Provide Travel Destination \_\_\_\_\_

► NAME OF SOURCE (Not an Acronym) \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

CITY AND STATE \_\_\_\_\_

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
(If gift)

► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description \_\_\_\_\_

► If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_